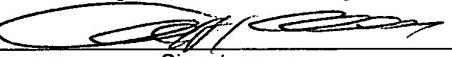


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PTO/SB/22 (06-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) KAMMON 3.0-062 DIV	
Application Number 10/696,485		Filed	October 29, 2003
For METHOD FOR ROUGHENING COPPER SURFACE			
Art Unit 1746	Examiner M. Kornakov		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>25,428</u>	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____	
 Signature		September 9, 2004 Date	
<u>Arnold H. Krumholz</u> Typed or printed name		(908) 518-6304 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/>	Total of <u>1</u>	forms are submitted.	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 9, 2004

Signature:  (Arnold H. Krumholz)

09/14/2004 NDEME651 00000000 121095 10696486

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